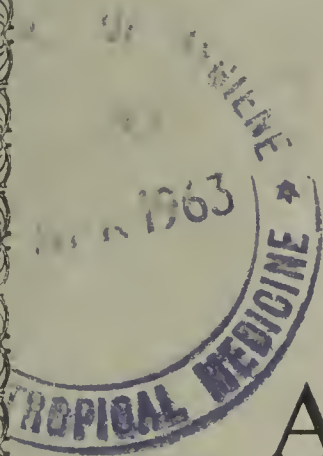


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CITY OF WORCESTER

EDUCATION COMMITTEE



Annual Report

upon the

School Health Service

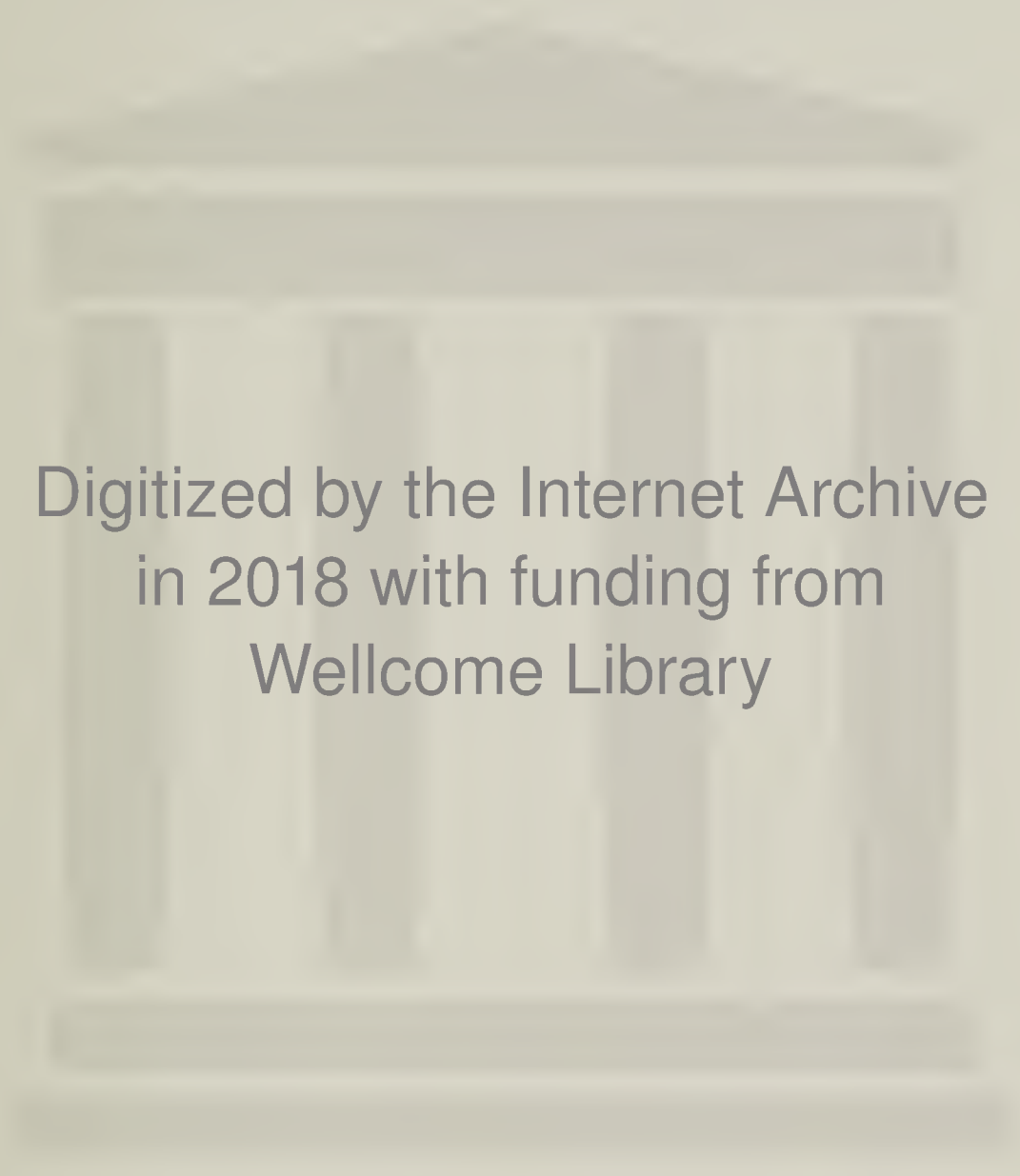
for the Year

1961

By

G. M. O'DONNELL, B.A., M.B., D.P.H.

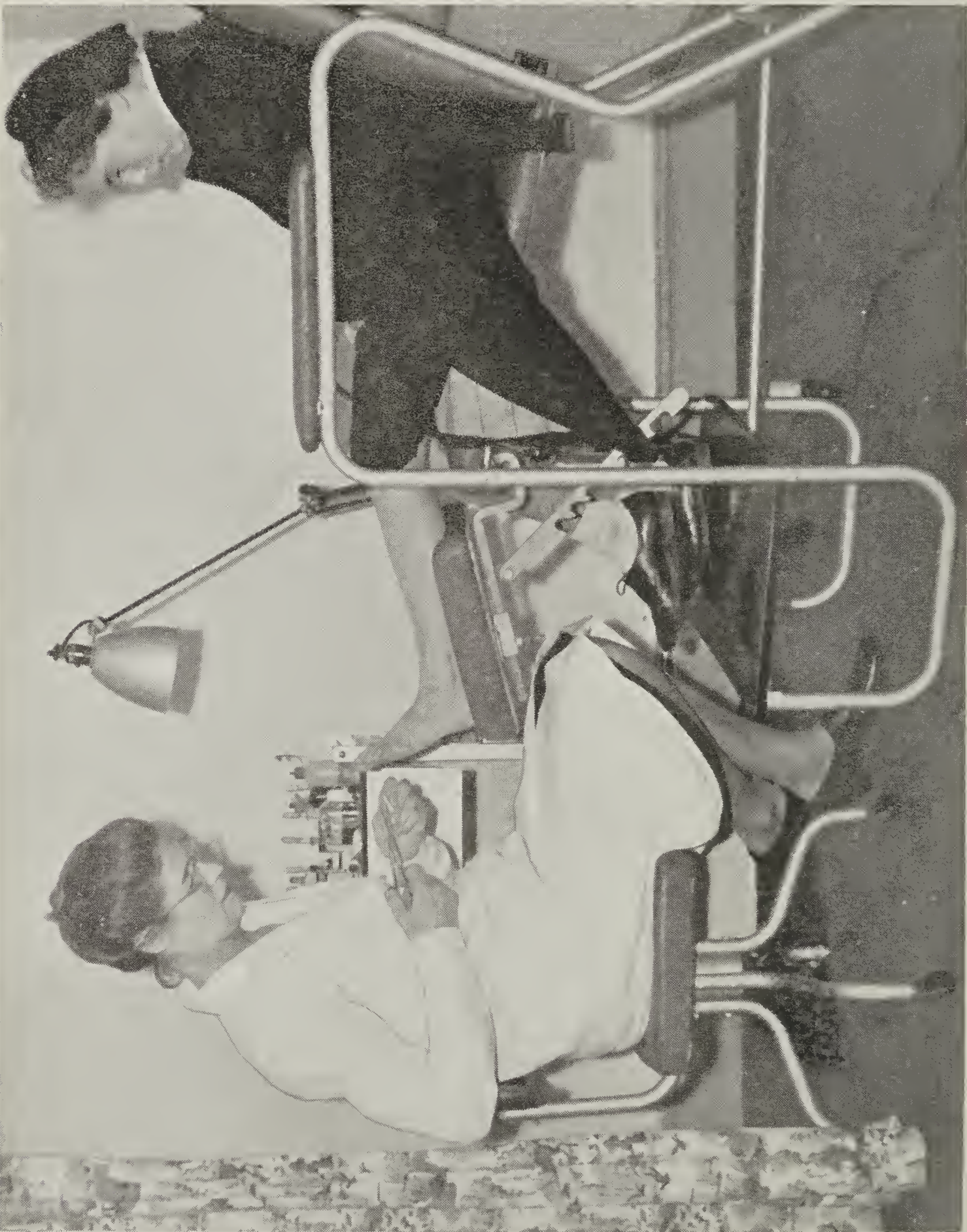
Principal School Medical Officer



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MUTUAL CONCENTRATION.
A Study at the School of Chemical Engineering.



CITY OF WORCESTER

EDUCATION COMMITTEE



Annual Report
upon the
School Health Service
for the Year
1961

By

G. M. O'DONNELL, B.A., M.B., D.P.H.

Principal School Medical Officer

THE EDUCATION COMMITTEE

1961

Chairman : COUNCILLOR JOHN WEAVER.

Vice-Chairman : COUNCILLOR HORACE HENRY EXALL.

Aldermen :

WALTER RALPH AMPHLETT.
WILLIAM MARTIN BIRD.
BERTRAM BROTHERTON.
MRS. FRANCES ROSA RATCLIFFE.

Councillors :

JOHN WILLIAM BLACKMAN.
HARRY HALLAM BRADLEY.
THOMAS EDGAR CHURCHILL.
PATRICK CARROL DESMOND.
REGINALD HARRY GLOVER (resigned October, 1961)
GERALD JOHN HART.
ALAN HARVEY.
BERNARD NEIL (from October, 1961)
CHARLES THOMAS ROSE.
STANLEY PHILLIP ROWLANDS.
HARRY RUSHFORTH SYKES.
THOMAS CLIFFORD WILLIAMS.
MRS. NANCIE DOROTHY MAY WILLIS.

Co-opted Members :

REV. CANON C. B. ARMSTRONG.
MISS G. BOND.
REV. CANON E. F. BRALEY.
MISS E. M. JACOMB.
REV. FATHER KAVANAGH.
MR. E. G. PEIRSON.
MR. H. R. PULLINGER.
DR. G. TOLLEY.
MISS M. C. WEBSTER.

STAFF AT 31st DECEMBER, 1961

Principal School Medical Officer :

G. M. O' DONNELL, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer :

ELIZABETH G. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers :

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H.

ROBERT M. LASLETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Child Psychiatrist :

J. J. GRAHAM, M.B., Ch.B., D.P.M.

(Consultant, Birmingham Regional Hospital Board)

Principal School Dental Officer :

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Dental Attendant :

MISS J. CUMBERLIDGE

Remedial Gymnast :

MISS S. MORRIS

Speech Therapist :

MISS B. R. HADDLETON, L.C.S.T.

(Resigned 31st December, 1961)

Superintendent Health Visitor/School Nurse :

MISS D. M. CATLIN (a) (b) (c)
(Resigned 27th September, 1961)

MISS A. A. BUTTIMORE (a) (b) (c)
(Commenced 19th October, 1961)

Health Visitors/School Nurses :

MISS N. A. HARDIMAN (a) (c) (d) (e)

MISS P. O. VILES (a) (b) (c) (f) (g)

MISS O. R. JONES (a) (b) (c) (f)

MISS B. A. FLINT (a) (c) (d) (f)

MISS E. M. GEORGE (a) (c) (d) (Resigned 31st January, 1961)

MISS P. M. GANT (a) (b) (c)

MISS F. M. KENDRICK (a) (b) (c) (f)

School Nurses (Temporary Appointments) :

MRS. M. B. LLEWELLYN WILLIAMS (a)

MRS. M. L. HAYTON (a) (b)

Senior Clerk :

MRS. I. FAIRBAIRN

Clerks :

MRS. E. I. P. TURNER

MISS S. BOXALL

- (a) State Registered by Examination.
- (b) Certificate of Central Midwives Board.
- (c) Health Visitor's Certificate.
- (d) Certificate of Central Midwives Board (Part I).
- (e) Ear, Nose and Throat Certificate.
- (f) Queen's Nurse.
- (g) Registered Sick Children's Nurse.

ANNUAL REPORT FOR THE YEAR 1961 OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the work of the School Health Service for the year 1961 I would first thank the Chairman and Members of the Primary and Secondary Education Sub-Committee and the Director of Education, Mr. T. A. Ireland, for the very generous support and encouragement they have given me during the year. My staff have worked hard and cheerfully in their vocations, and to them also I must express my gratitude, and in particular to the Deputy Principal School Medical Officer, Dr. Elizabeth Gertrude Henderson.

The year has been a busy one lightened by the prospect of major improvements in the care of our school children. The appointment next year of the first teacher of the deaf is a rational consequence of our present diagnostic service and may well presage a junior unit for partially deaf pupils. This is a valuable and much needed appointment, urgent because so many deaf children requiring help are now being discovered, and pleasing because their rehabilitation can for the first time be effected within the City.

However the really outstanding advance which we await with very real anticipation is the opening of the new school for educationally subnormal children which has been included in the building programme for 1963/64. There is no doubt that this is urgently needed as there are many children with this handicap requiring special education which at present can only be given to them in a residential school. For the older children in this category vacancies at approved residential schools are difficult to find, and of course many parents of these children do not wish them to go away particularly as their emotional maturity may well be considerably below their chronological age.

In conclusion, I should like to thank the teachers of the City for their patience and co-operation during the year. We are very conscious that only by gaining their confidence and interest can we effectively help the school children of the City.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant.

G. M. O'DONNELL,

Principal School Medical Officer.

NUTRITION

Year	1958	1959	1960	1961
Pupils Inspected	3,050	3,505	3,344	3,286
Unsatisfactory	35	29	40	31
Percentage Unsatisfactory .	1.15	.83	1.2	.94

PHYSICAL CONDITION OF PUPILS

Dr. Johnson once observed that a man seldom thinks with more earnestness of anything than he does of his dinner. Although he spoke with more tongue than pie in his cheek, the pertinence of his remark has survived the years and is still relevant today. As for the man so the child and today's sleek progeny show no sign of diminished cerebration in this respect. What is perhaps rather surprising is the degree of fastidiousness and the oral idiosyncracies that distinguish so many children once removed from the uniformity of school. To one reared in the belief that at least part of the secret of success in life is to eat what you like and let the food fight it out inside, the conformity of the average youngster in matters of diet and the reluctance to sample foods outside a narrow and conventional range is puzzling. It may be due to the sheer prolificity and variety of foodstuffs, a reaction to parents whom continental holidays and exotic cookery books have evoked the spirit of Brillat-Savarin, or simply that children are by nature conservative and prize security and familiarity above all. Even so my impression is that instead of ranging far and wide over the fantastic range of foods now available, there is instead more voluntary restriction of choice than in the past. Only where sweets are concerned and then unfortunately so, does today's school child disclose a wide and uninhibited appetite.

However, as the austere table above indicates nearly all the children attending maintained schools are of an excellent physique and nutrition. The most common blemishes on a patina of perfection are of comparatively minor importance, and although impeding the fullest enjoyment of life, rarely curtail or distort it. Tonsils, sinus infection, and mouth breathing—the eternal triangle of a temperate climate, compete with defective

feet, vision and teeth. Against these minor flaws so easy to conceal, so hard to correct, advice and precept are rarely effective and prevention is supplanted by palliative or cure.

Children are the malleable portion of the race and the impressions of their formative years are the substance of the future. In the physical respect at least, the future augurs well.

HEIGHT AND WEIGHT FIGURES

The height and weight figures of school children at various ages which we have been using for several years now no longer hold good as a considerable mean increase would appear to have taken place in recent years. It is now necessary to effect a complete review of the average height and weights of age groups extending from the beginning to the end of school life, and we hope to commence this revision in the coming year.

SCHOOL MEALS SERVICE

School meals are a definite and practical way of ensuring that children have a well balanced diet, even though they have only one meal a day at school.

I am indebted to the Director of Education and Miss M. Arlidge, School Meals Organiser, for the following information :

“Over the twelve months ending 31st December, 1961, 2,054,308 $\frac{1}{3}$ pint bottles of pasteurised milk were consumed by pupils of 40 maintained school departments, the College of Further Education and six independent schools.

“The average number of children drinking milk in maintained schools during the year was approximately 87%.

“In October, 1961, the number of children taking a meal was 51·7%, making a total of 1,126,608 meals served during the year. The overall daily average of meals served was 6,500, which included Ministry of Health Training Centres, one independent school, one Worcestershire County Council school and forty maintained schools.

“In 1961 two new kitchens and sculleries were opened, and the Central Kitchen was closed at the end of December. The closure of Hound's Lane Central Kitchen entailed a complete re-distribution of meals to kitchens working under capacity and with the opening of new kitchens the proportion of transported meals was reduced to 40%.

“The transport was reorganised to meet this change and two new vans are now in operation, making a total of four School Meals vehicles maintained by the authority.”

HANDICAPPED PUPILS

Although the main duty of the School Health Service is to promote the health and wellbeing of the individual child so that he may best avail of his education, the secondary and related task of diagnosing and helping the handicapped evokes a warmer and more sympathetic interest. This is only natural as the normal child can revel in a world of increasing delight and opportunity which by contrast accentuates the restrictions encompassing his less fortunate companion. Although medical science and techniques are gradually decreasing the incidence and embarrassment of crippling conditions, there still remain a nucleus where the prospect of cure is remote. To enable these children to employ their faculties to best effect and ensure that a future of promise enfolds before them is no simple task. Their schooldays are a time of rehabilitation and recruitment which if ill-directed may stultify the hope of a more generous life ahead. This is the cautionary motif that underlies the united effort of teacher and doctor in placing the handicapped pupil, emphasising that each case is unique and that no form of mechanical assessment is possible.

- (a) Blind. One girl attends the Royal Institute for the Blind at Lickey Grange, Birmingham. A boy, aged 15 years, is placed at the Royal Normal College, Rowton Castle, Shrewsbury.
- (b) Partially Sighted. Five boys are at Exhall Grange School, Coventry and one girl is at the Barclay School, Sunninghill.
- (c) Deaf. There are four boys at the Royal School for the Deaf at Birmingham and two boys and a girl attend the Junior School at Martley. A further girl has been for some years at Summerfield House, Malvern Link.

(d) Partially Deaf.

(i) At Residential Schools :

One boy at Needwood School, Burton-on-Trent.

(ii) At Rose Hill Open Air School (double handicap):
Three partially deaf boys attend Rose Hill Open Air School. They are all classified as delicate, one being educationally subnormal as well. Two of these children are fitted with hearing aids.

(iii) At Ordinary Schools :

24 boys—11 issued with hearing aids.

21 girls—10 issued with hearing aids.

These children are managing in ordinary schools with the aid of remedial teaching. They all sit in front of the class and are kept under periodic observation at the E.N.T. Clinic of the Worcester Royal Infirmary and by the school doctor and nurses.

Sweep Testing :

Individual sweep testing of five year old entrants began this year and was undertaken by the school doctors. Testing was carried out at the schools, 40 children being examined by means of a Peters pure tone audiometer at each session. We use the standard that a lack of response at any one frequency over the 20 decibel range constitutes failure and the child is then referred to the audiometric centre at the School Clinic for a threshold test. If this confirms a hearing loss then referral to the general practitioner and E.N.T. Clinic for full investigation, is indicated.

The results of this sweep are shown in the following table.

Entrants Examined	Retests	For observation	Referred for investigation
990	107	24	20

Of the 20 referred for investigation, 8 boys and 2 girls had a confirmed defect of hearing and the individual results are now appended.

	Ear Condition	Hearing Loss	Result
B.1	Nil.	Bilateral 40 decibels	Hearing Aid.
B.2	Otitis Media.	15 db (R) 10 db (L)	Hospital Supervision.
B.3	Nil.	30 db (R) 35 db (L)	Hearing Aid.
B.4	Catarrh.	20 db (R) 35 db (L)	Hospital Supervision.
B.5	Otitis Media.	25 db (R) 45 db (L)	Tonsillectomy. Hearing subsequently improved. Now normal.
B.6	Nil.	90 db (R) 60 db (L)	Hospital Supervision. Hearing Aid.
B.7	Purulent Otorrhoea	20 db (R) 55 db (L)	Hospital Supervision.
B.8	Wax in ear.	Bilateral 45 decibels	Hospital Supervision.
G.1	Nil.	40 db (R) 45 db (L)	Hospital Supervision.
G.2	Nil.	20 db (R) 35 db (L)	Own doctor supervising.

Sweep surveys are of real value particularly at school entry age. They do however involve a great deal of time and concentration, and to use doctors indefinitely for this purpose is rather a luxury. I think that every School Medical Officer should have experience of this work so that in future times he can speak of it from knowledge and not simulation, but the expertise is easily acquired and as easily transmitted so that less highly qualified members of staff can be readily trained. Next year we propose to train one of our part-time staff as an audiometrician and are fortunate in having a suitable candidate immediately available.

Hearing Aids:

Children wearing hearing aids who attend ordinary schools frequently have trouble with their aids and neglect to have this regulated. Often they refuse to wear the aids proffering excuses which their teacher, lacking technical knowledge of their instruments, must perforce accept. To obviate these difficulties, two of our school nurses have received training at the Ear, Nose

and Throat Department of the Worcester Royal Infirmary in the checking and adjustment of hearing aids. These two nurses who have a particular interest in deafness and are also responsible for the screening tests of very young children, attend routinely, all schools where there are children with hearing aids, and will also visit specially at a teacher's request. This not only ensures that small defects such as clothes rub and feed back are dealt with expeditiously but also that unjustifiable attendances at hospital clinics are avoided.

Future Developments :

A diagnostic service for ascertainment of deafness is an admirable concept but of no real significance unless complemented by an equally efficient means of education and rehabilitation. In Worcester, the Education Committee decided that we should first evaluate the extent of the problem relying in the meantime on residential schools for the latter purpose. However approval has been given now to the appointment of our first teacher of the deaf and next year should see the beginning of a comprehensive service for the deaf within the City. Whether this appointment heralds the introduction of a junior partially deaf unit remains to be seen, but my initial impression is that this would be justified. Deafness is a terrifying handicap which only those afflicted can eloquently explain and we must make every effort to curtail and ameliorate its effects. Beethoven's words are still the descriptive criterion : "My affliction is all the more painful to me because it leads to such misinterpretations of my conduct. Recreation in human society, refined conversation, mutual effusions of thought, are all denied me. Almost quite alone, I may commit myself to social life only as far as the most urgent needs demand. I must live like an exile. When I do venture near some social gathering I am seized with a burning terror, the fear that I may be forced to reveal that I am deaf".

I should like to thank Mr. I. W. MacGregor and Mr. T. S. Stewart, Consultant Ear, Nose and Throat Surgeons at the Worcester Royal Infirmary for their ready and generous co-operation during the year.

(e) Educationally Subnormal.

Thirty-three children of whom 12 were girls were classified as educationally subnormal in 1961. 20 were recommended for remedial teaching, 10 for admission to our E.S.N. day school or class, and 3 urgent cases for residential schooling. In four instances admission to Rose Hill Open Air School was advocated as a temporary measure, so that smaller classes and a more tranquil

environment might disperse incipient anxieties arising from the strain of daily competition against more agile and resourceful minds. Three pupils had double defects—delicate, maladjusted and partially deaf respectively.

Educationally subnormal children are educated according to their potentialities. Those with an Intelligence Quotient (I.Q.) of less than 70 or over 2 years retardation in school work almost invariably require special schooling.

The decision of the Education Committee to provide a special day school for the Educationally Subnormal was approved by the Ministry of Education who included it in the building programme and it is now in the local capital programme for 1963-64. It is hoped that a start will be made in September, 1963, and that this long awaited, much needed school will be in use the following year. To the School Health Service the knowledge that in the near future the requirements of these children can be almost entirely provided within the City is a matter of very real satisfaction. Indeed we are so overwhelmed that to those concerned with this decision we can only echo the words of Beau Brummel unexpectedly introduced to the mighty Victor Hugo, "Splendid work, Sir, splendid work".

At the moment, the following measures of education are provided by the City :

(i) At Residential Schools.

Sixteen boys and 3 girls attend Residential Schools for the Educationally Subnormal.

(ii) At Rose Hill Open Air School (double handicap).

	E.S.N. (boys)	E.S.N. (girls)
Delicate	7	1
Maladjusted	1	0
Physically Handicapped ...	4	0
Epileptic	1	0

(iii) At the Special Class at St. Paul's School

(This serves as an interim measure and will probably be discontinued once the special school is completed)

24 pupils, 12 boys and 12 girls attend this class.

(iv) At Ordinary Schools.

57 boys and 39 girls classified as educationally subnormal attend ordinary schools in the City. With very few exceptions, these children have I.Qs of over 70 and can cope in ordinary schools if sustained by remedial teaching. Their progress is carefully observed and re-assessment is carried out at two year intervals or earlier if requested by their head teachers.

Dr. R. M. Laslett, School Medical Officer, attended a course in the ascertainment of E.S.N. children. All School Medical Officers of this authority are now qualified to examine and make recommendations in respect of this handicap.

(f) Epileptic Pupils :

At Rose Hill Open Air School ...	3 boys	0 girl
At Residential Schools ...	1 boy	1 girl
At Ordinary Schools ...	8 boys	12 girls
Classified as E.S.N. ...	2 boys	3 girls
Classified as maladjusted ...	1 boy	0 girl

For the past two years we have maintained an epileptic register which includes the names of not only those with a proven history of grand or petit mal seizures, but also those who have epileptic equivalents or a history of behaviour disorders associated with an abnormal Electro-encephalogram. It is evident from the figures quoted above that the large majority of these children are educated at ordinary schools and indeed the attitude of the teachers, both practical and sympathetic, encourages the belief that in most instances this is the best placement. Where the more severe cases are concerned one must always remember the effect of sedation, the decreased incidence or severity of the seizures being paid for by the dull cocoon of lethargy that these anti-convulsant drugs spin over the mind. Furthermore in the worst cases where grand mal attacks are frequent and overwhelming,

epilepsy too often exerts a specific blunting effect on cerebration and during the years intelligence progressively declines.

(g) Maladjusted Pupils :

“Life is not a spectacle or a feast, it is a predicament”

Santayana.

Last year I tried to indicate how maladjustment or more felicitously, emotional discord, is the product of a turbulent and materialistic age. In essence it is largely due to the constant denigration of family life which has corroded our civilisation, not through any inherent viciousness or flaw but rather through a confusion of objectives. In endeavouring to secure the most rapid cultural and social advancement we have placed all our emphasis on material aggrandisement and forgotten that the stability and security of the family has always been the lodestone of a nation. A society which leads its members to associate happiness and success with a subtle interweave of prosperity and power may ignore the limitations of mind and emotion that such a philosophy imposes. It cannot disregard so easily the casualties that result from its obtuseness for they, either by accident or deliberation, seek an indemnity of old scores. Until we impress upon our community that happiness lies in one's relations to people and not to things, that it is most likely to be found within the framework of the family and that in the combination of family happiness and family responsibility lies the true way to personal dignity and self respect, the incidence of emotional disorders in both young and old will multiply. There will always be families of mutual detestation just as there are those Galilean in affection and comradeship. In between are the majority who feel a lemming unease and uncertainty whose ideals are being wilfully distorted and who most need reassurance and re-education in the quiet art of living.

During 1961, 60 City children received treatment at the County Child Guidance Clinic whose services we use on a per capita basis. I would thank Dr. J. J. Graham, Consultant Psychiatrist to the Clinic, and Dr. J. W. Pickup, County Medical Officer of Health, for this arrangement.

Five boys and three girls were formally reported to the Education Committee as maladjusted and of these, six were recommended for residential special schools and two were admitted to Rose Hill Open Air School.

It is becoming increasingly more difficult to obtain vacancies in residential schools for children with this handicap and too often they have to remain for long periods in an adverse environment because of this grave shortage of places.

(h) Physically Handicapped :

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently crippled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils only, but it now serves quite satisfactorily as an educational venue for physically handicapped pupils whose conditions has entered a chronic stage where active specialised medical treatment is not a daily necessity. As Rose Hill is a one storey school, these children can move about easily and the pleasing spacious grounds are a stimulus to both body and spirit. The staff have a long tradition in the care of physical defects and successfully maintain the atmosphere of an ordinary school blended with an essential encouragement and understanding.

Children at Residential Schools

Sex	Age	Condition
M	13	Muscular dystrophy
M	7	Multiple congenital deformities
		(Arthrogryphosis Multiplex)
F	7	Spina bifida
F	16	Muscular weakness
F	13	Cerebral palsy
F	13	Cerebral palsy

Children at Rose Hill Open Air School

Condition	Male	Female
Dislocation of hip ...	—	1
Hemiplegia ...	1	—
Asthma ...	3	2
Cirrhosis of Liver ...	—	1
Post Poliomyelitis ...	1	2
Muscular dystrophy ...	1	—
Cardiac disease ...	2	—
Post operative ...	1	—
Cleft Palate ...	—	1
Cerebral palsy ...	1	—
Congenital defects ...	—	2

Children at Ordinary Schools

Sex	Age	Condition
F	5	Rheumatism with cardiac involvement
F	6	Post poliomyelitis
F	6	Cerebral palsy
F	7	Congenital heart disease
F	9	Dislocation of hips
F	9	Cerebral palsy
F	16	Tubercular knee
M	8	Muscular dystrophy
M	13	Tubercular Hip
M	13	Spina bifida
M	15	Tubercular spine

ROSE HILL OPEN AIR SCHOOL

Handicaps amongst the entrants during the year ending December, 1961.

Maladjusted 1	Delicate 7
Educationally subnormal 1	Multiple congenital
E.S.N. and Asthma ... 1	defects 1
E.S.N. and epilepsy ... 2	General Debility ... 1
E.S.N. and Delicate ... 1	Delicate and poor home 1
Asthma 2	Brittle bones 1
Partially Deaf 1	Epilepsy and
Diabetes Insipidus ... 1	hemiplegia 1
Scoliosis 1	Enuresis 1
Cirrhosis of liver and a	Spastic and incontinent 1
degree of heart failure 1	Muscular dystrophy ... 1
E.S.N. and speech defect 1	Under supervision order 1
Congenital Dislocation	
of Hips 1	

Handicaps of children discharged in 1961.

Perthes disease 2	Maladjusted 1
Asthma 3	E.S.N. and Asthma ... 1
Bronchitis 2	Neglected and delicate 1
Delicate 6	Maladjusted and E.S.N. 1
Spastic 1	Maladjusted and Spastic 1
T.B. Contact 2	Enuresis 1
T.B. Hip and E.S.N. ... 1	Delicate and 'Schoolitis' 2
T.B. Spine 1	Osteomyelitis 1

Halfway through the year an analysis revealed the following handicaps within the school:

T.B. Spine 1	Asthma 11
T.B. Hip 1	Bronchitis 4
Congenital Heart Disease 2	Convalescence 1
Rheumatic Heart Disease 1	Debility 8
Spastic Paraplegia ... 1	Delicate 15
Generalised spasticity ... 1	Delicate and heart
Muscular dystrophy ... 2	murmur 1
General muscular	Diabetes Insipidus ... 1
weakness 1	Eczema 1
Osteomyelitis 1	Nephrectomy 1
Perthes Disease 3	Partially deaf 3
Speech defect 1	Partially blind 1
Miscellaneous 4	

Cerebral Palsy :

Nine children have been diagnosed as having a spastic condition and of these five attend residential special schools, one goes to Rose Hill Open Air School and three cope quite well at ordinary schools. Provision of a special cerebral palsy unit at the Open Air School would not seem to be a practical issue as the number of cases in the pre-school entry age range would not justify it.

It is an encouraging thought that many of the conditions detailed above are unlikely to recur in future. The benefit of immunisation against poliomyelitis, increasing skills in the medical and surgical care of heart and bone disease, and the rapid evanescement of tuberculosis should steadily diminish this section of the handicapped register.

(i) Delicate :

I thank Miss P. Smith, Headmistress of Rose Hill Open Air School, for the following information :

“During the year ending December, 1961, the average number on roll was 66, and the average attendance was 58.

“Twenty-seven children were discharged during the year by the Medical Officer, 4 of these being school leavers, and 30 children were admitted. Handicaps amongst the entrants are shown on the opposite page. At the time, 19 of these children had been assessed as Educationally Subnormal.

“The main organisation of the school is similar to that as reported in 1960. A cooked breakfast ranging from bacon or eggs to haddock or baked beans on toast, was introduced at Easter, and proved to be very popular and beneficial. The charge for all meals is still 2s. 6d. per week which does not appear to be realistic and which is to be increased in 1962.

“The kitchen has been improved by the addition of a fishfryer, a potato peeler, a food mixer, a toaster, a fan and a hand basin. It has also been redecorated.

“New large climbing and balancing apparatus has been provided for the school. Part of this is permanently in the garden and is used frequently by those children able to benefit by it.

“The main corridor, which used to be completely open to the weather has been enclosed by sliding windows, and it is now less of a test of endurance and stamina to staff and children alike.

“The school nurse now attends most afternoons and on three afternoons per week during each alternate winter month, she gives ultra violet ray treatments to most of the children. We have arrived at the end of the year with very few colds and no infectious diseases except for one or two isolated cases. Dr. Laslett now attends the boys, and Dr. Allington the girls, each doctor visiting the school once a fortnight. This new arrangement has worked well, each doctor being able to maintain a closer watch on the children’s progress.

“Miss Morris and Miss Haddleton have both continued their good work here, each attending for one session weekly. Unfortunately we have a large number of speech defects and Miss Haddleton’s time here has been too limited to deal with all of them. Some children have had to be deferred to some later date.

“During the year a Children’s Assistant has been appointed. She has had over eight years experience as an Auxiliary Nurse at the Royal Infirmary and has proved to be of great value here. She looks after the cleanliness and general well being of the children, some of whom are sent to school in a very dirty condition. She also attends to minor ailments, gives out medicines, attends to incontinent children and so on. We seem, during the past two years, to have admitted an increasing number of extremely dirty and neglected children, who appear to rely entirely upon the school for baths, hairwashing and clean clothes. Due to the kind offices of the Education Committee, we have a small supply of warm clothing into which some of these children can be changed when they arrive at school. We also collect clothing from staff and friends, which we give to needy children. Some of this clothing is never seen again.

“Children receiving treatment from the Remedial Gymnast.

Asthma	...	...	...	...	4
Posture and Breathing	...	...	...	...	6
Feet	...	...	...	...	4
Post poliomyelitis	...	...	...	...	1
Infants	...	...	...	...	20
Co-ordination and control	...	...	...	...	6”

(j) Speech Defects :

Miss B. R. Haddleton, Speech Therapist, reports as follows :

“Statistics for 1961

Number of children treated	...	...	...	112
Number of children seen	...	...	...	222
Number of interviews	...	...	...	210
Number of treatment sessions	...	...	...	1.358
Number of school visits other than treatment sessions at schools	...	...	...	5
Number of children discharged	...	...	...	58
(plus children discharged from waiting list as a result of parental teaching or spontaneous improvement)				
Number of children awaiting treatment	...	...	...	144

“During 1961 an attempt was made to offer a less superficial speech therapy service. Fewer children were treated and in some cases sessions were more frequent and longer than previously. A number of children were kept on observation as usual.

“Many of the children kept under observation now need treatment and a large number of new referrals came in at the end of the year, so that the position is now very much the same as when the present speech therapist arrived.

“It is hard to say whether the benefit derived by a small number of children from concentrated treatment outweighs the loss to those needing treatment but not receiving it. What is certain is that one Speech Therapist cannot provide an adequate service for the school population of the City, even with the help and co-operation which is always forthcoming from other departments, the schools and most parents.”

Miss Haddleton attended the National Conference of the College of Speech Therapists held at Saltley Training College, Birmingham, from 24th to 28th July, 1961.

INFECTIOUS DISEASE

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1961 CLASSIFIED IN AGE GROUPS

				<i>Number of Cases Notified</i>	
				<i>5 years to 9 years</i>	<i>10 years to 14 years</i>
Scarlet Fever	...	...	14	3	
Whooping Cough	...	...	10	1	
Acute Poliomyelitis (Paralytic)	...	...	—	—
Acute Poliomyelitis (Non-Paralytic)	...	...	—	—
Measles	...	...	527	18	
Diphtheria	...	...	—	—
Dysentery	...	...	1	1	
Meningococcal Infections			—	—	
Acute Pneumonia (Primary or Influenzal)			4	4	
Smallpox	...	...	—	—
Acute Encephalitis (infective)	...	...	—	—
Acute Encephalitis (post infectious)	...	...	—	—
Enteric or Typhoid Fevers			—	—	
Paratyphoid Fever	...	...	—	—
Erysipelas	...	...	—	—
Food Poisoning	...	...	—	1	
Tuberculosis (Respiratory)	...	...	3	1	
Tuberculosis (Non-Respiratory)	...	...	—	—
Ophthalmia Neonatorum			—	—	
Puerperal Pyrexia	...	...	—	—
Totals	...	...	559	29	

Of the 527 cases of Measles notified in the 5 years to 9 years age group, 248 were entering school as 5 year olds.

INFECTIOUS DISEASE

1961 was a measles year and with monotonous predictability it cut its monstrous swathe through the exposed cohorts of younger children. 527 pupils between the ages of 5 and 9 years were affected, almost half being in the 5 year old group. Fortunately measles is a mild disease these days and only rarely does it display its ancient venom. However even now complications do occur and the news that immunisation against it is at last a practical issue should be heralded with garlands.

One outbreak of note should be recorded. In one of the junior schools a number of cases of abdominal pain and vomiting were reported in September involving 15 children and 2 teachers. No diarrhoea accompanied these symptoms, but the two teachers complained of dizziness and calenture.

All laboratory findings proved negative and this combined with the absence of any suspicious articles of food in the common diet, the capriciousness in selection of the disease and its sudden onset invoked a diagnosis of epidemic vomiting.

A careful investigation of the kitchens and sanitary accommodation showed no evidence of any deterioration in hygiene—indeed the standard of cleanliness was everywhere of a high order. However a more stringent hygiene routine was temporarily imposed. All cases were of a mild nature and recovery was rapid.

In October, 1961, Pulmonary tuberculosis was diagnosed in a child in Gorse Hill Infants School. All contacts were Heaf tested and five yielded positive reactions. On further enquiry, three children were found to have had BCG vaccination in infancy which explained in their case the positive result. The other two children were proved to be past contacts of known cases, but in each instance chest X-ray showed no abnormal findings.

ROUTINE SERVICES

MEDICAL INSPECTIONS:

The statutory duty of periodic medical inspections consumes the larger part of the school doctor's working hours and at each session twenty presumed healthy children are examined, the findings being noted on the individual record card, Form 10M.

Although the facilities available to our doctors and nurses are not always of a high order—"persicos odi, puer, apparatus" said one to an apologetic prefect, the kindness and co-operation of the teachers atones for this. This co-operation ensures an easy liaison of information and since most of our doctors have worked for the School Health Service for many years, their knowledge of background and abilities prior to the actual clinical examination is generally very detailed.

In my opinion, the periodic medical inspection is still the only reliable basis on which the medical care of the school child can be developed. My only regret is that we have not been able to undertake more examinations of 8 year olds, but pressure of other work has, alas, intervened.

Dr. Elizabeth Henderson comments :

"Some of the children who are not making good progress at school come from homes where they are overmothered. Frequently the mother does everything for the child, even to the extent of answering questions for him and of washing and dressing him.

"Other parents really have no use for their children; they are simply a liability, which they have no wish to shoulder.

"The parents' activities are curtailed as they feel obliged to remain at home in the evenings in case any trouble ensues, but not with the desire to enjoy the company of their children or to interest themselves in their children's doing either at school or elsewhere."

EYE CLINIC :

There were 718 attendances at the Eye Clinic in 1961 of which 121 were first attendances. 105 spectacles were prescribed. Three children were referred by their mother and two by general practitioners. 81 cases were found by the School Medical Officer and 33 by the School Nurse.

SCHOOL HYGIENE :

As the School Health Service naturally places so much emphasis on the personal aspect of the work regarding each child in the light of its own personality and capabilities, one is apt to forget the material considerations which are essential to the well-being of the group. The hygiene of the schools in the City is, of course, a most important feature in school health and this is supervised by both school medical officers and the public

health inspectors. The construction of new schools and the high repute of the School Meals Service does much to lighten our responsibility. The renovation of older schools and, in particular, the construction of new sanitary annexes where required, are also of primary importance.

I am happy to say that the teachers in the City are always very alert to potential deterioration in school hygiene, informing this Department with expedition.

SCHOOL DENTAL SERVICE :

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports :

“During the year 1,349 children were inspected at periodic visits to schools. This figure is low but is due to the fact that a large senior school had been examined in the latter part of the previous year and the treatment carried forward to this year.

“The number of children inspected at the clinic as specials or casuals was 741 which is larger than in previous years. This is understandable as, owing to staff shortages, schools are not inspected as frequently as they should be. The dentally conscious patient applies for an appointment as soon as he feels something is wrong, or, as in many cases, when he feels that enough time has elapsed without an inspection. Many casuals are children who have refused treatment until pain has become acute. Many of these refusals, having been relieved of pain, continue to visit until all necessary treatment is completed.

“The number of sessions worked by the part-time dentist at the beginning of the year was only one per week, but this has now been increased to two sessions per week.

“There was an increase in the number of conservations both in permanent and deciduous teeth; there was also an increase in the number of extractions and general anaesthetic. Many patients insist on nitrous oxide and with only one session available with a visiting anaesthetist, the waiting list grows. It is only since the part-time sessions have been increased that a second gas session has become possible and the routine cases obtain their treatment instead of being passed by so that a casual may be relieved of pain.

“The number of orthodontic cases remains fairly constant. Difficult cases are referred to the Worcester Royal Infirmary for specialist opinion and treatment.

“Only eighteen children were fitted with dentures, the lowest number for several years. Two of these children needed large dentures, no doubt due to poor quality teeth combined with an unwillingness to face up to treatment. The decrease in the denture figures must be attributed to less accidents, the commonest cause of the loss of anterior teeth.”

MEDICAL EXAMINATIONS OF TEACHING STAFF:

Eleven entrants to the teaching profession and thirty-one candidates for training college were examined during the year.

EMPLOYMENT OF SCHOOL CHILDREN:

Our duty to ensure that no unfit child takes up part-time employment is underlined by the 332 examinations performed for this purpose in 1961.

PREVENTION AND TREATMENT

1. B.C.G. Vaccinations:

Number Heaf tested	...	...	1,254
Number found positive	...	...	164
Number found negative	...	...	1,082
Number vaccinated	...	...	1,060

Apart from maintained schools, B.C.G. vaccinations were carried out by our staff at four private schools, viz.: The King's School, The Alice Ottley School, St. Mary's Convent and The Worcester College for the Blind.

2. Head Inspection:

Reference to the statistics (Part I Table D (i)) at the back of this report shows that 24,901 individual examinations of pupils in school were made by school nurses in 1961 and that 283 children were found to be infested. Infestation with head lice is generally of a mild form nowadays as frequency of inspection and generally improved social circumstances warrant. It was therefore surprising to see one child with an infestation so severe that it was almost an incipient Caput Romanus, the hair grey with nits and swarming with livestock. Some indication of the degree of involvement may be given by the fact that on the upper eyelash of one eye alone 34 nits were counted.

3. Heaf Testing in individual cases :

The Heaf test was used when indicated as a useful adjunct in the examination of individual children whose case history indicated a possibility of tuberculosis.

4. Ultra-violet light therapy :

The centrosol lamp which can treat several children at one time has been in use since 1960 and most of the pupils at the Open Air School have benefited from yearly courses. Whether or not this form of therapy exerts a tonic effect on the body and stimulates appetite and energy, it apparently diminishes catarrh and cuts down the convalescent period of colds and bronchitis.

Children receive treatment three times a week for four weeks and these courses are repeated during the autumn and winter months. 18 children aged 5 to 7 years and 39 children aged 7 to 15 years attend.

5. Remedial Exercises :

I am indebted to Miss Shelagh Morris, the Remedial Gymnast, for the following report :

“During the year, 779 children have been regularly treated for minor physical defects. Of these, 244 were purely postural, 535 involving postural, combined with breathing defects, or with added foot and leg troubles.

“I have already said enough about modern footwear. Defects continue to increase and will do so until a future generation becomes more enlightened about correct shoes. Though not all foot defects are of course caused by bad footwear, the present outrageously cheap and shoddy designs will have much to account for in the girls now growing up—and who will reap the harvest in a very few years’ time.

“Quite a number of parents have been sufficiently interested to come to schools to find out how best they can help their children and these individual visits are welcomed. They are some compensation for the fact that it no longer seems practicable to organise film lectures on a large scale—so many mothers are out at work and unable to attend these days.

“School accommodation is also becoming increasingly difficult especially in the secondary modern schools.

This is not the fault of the staff, who are for the most part, very helpful and sympathetic. Rather it is due, I think, to the increasing number of children attending and the tendency these days to divide classes into specialised groups for more individual attention—which is to be praised—but limits accommodation for other purposes however large the modern schools seem to grow. It often leaves a mere corridor or even a damp cold cloakroom only for such purposes as health inspections and remedial classes, and it is not the easiest matter to conduct a class of 20/40 adolescents under such adverse circumstances.

“The time has not yet arrived when it should be realised that there should be a much closer and more integrated connection between the school health service and the education side, and that the correction and prevention of minor physical defects should be treated and recognised as an essential and equally important part of the school’s physical educational programme, and both time and accommodation allowed for such purpose.

“Even so, the regular fortnightly efforts, over the last 13 years, resulting in over 3,500 children being cured of such defects—is infinitely preferable to about 700 children having to spend hours away from school travelling to and from a central clinic.”

6. Nocturnal Enuresis:

The Department has five Buzzer Alarms on loan for the treatment of this condition and 18 children were given an opportunity of experiencing this form of treatment. In 11 instances treatment was successful and the bedwetting ceased and did not recommence. Two cases improved but there were five children in whom not the slightest amelioration was effected. The basic causes of failure were reported as follows:

- (i) Broken home. The bedwetting was undoubtedly due to gross emotional tension. Buzzers rarely help seriously disturbed children.
- (ii) Physical Condition. This child had a metabolic disturbance initiating an enuresis of a type difficult to control.
- (iii) Mother reported that the buzzer worried her son and she would not allow it to be used.

- (iv) Although the whole family were woken by the buzzer alarm, the culprit slept soundly through it all. All was not quiet along the Potomac.
- (v) Cause of failure not ascertained.

7. Minor Ailment Clinic:

These clinics are held daily at Tudor House in Friar Street, a doctor as well as a nurse being present on Tuesdays and Saturdays. During the year 145 children attended for treatment which is a clear indication that these clinics no longer serve a useful purpose.

8. Convalescent Holidays:

Eight children, one accompanied by his mother, were sent on convalescent holiday. The Education Committee are most generous and sympathetic in their concern for debilitated children and requests for convalescent holidays are automatically granted.

9. Chiropody:

The chiropody service for school children started in November and 25 cases were treated before the end of the year. The chiropody clinic is situated on the ground floor of Church House and Miss J. E. Price and Mrs. M. R. Gilbert do this work for us on a sessional basis. This is a valuable preventive service, much needed in these days of ritual deformation of the feet, and I hope that it will burgeon successfully in the coming year.

10. Accidents involving School Children:

I am grateful to the Chief Constable and Police Sergeant Westwood for this report:

“During 1961, 64 children of school age were injured in the City. There were no fatal accidents, 8 being recorded as ‘serious’, and 56 as ‘slight’ injury. This shows a slight increase on the previous year.

“In addition to the figures shown in the preceding paragraph, 13 accidents were recorded in which children under the age of 5 were involved. These were made up of 1 serious accident, and 12 slight.

“In spite of the concentrated effort to train more child cyclists, it is noted with regret that the figure for 1961 for this category has risen from a figure of 22 in 1960, to 33 in 1961.

“As in previous years all children are given a thorough grounding on the elements of Road Safety as soon as they start school, and the assistance given by the local teaching staffs is essential to foster an early interest in such basic Road Safety points as ‘Kerb Drill’. Since the beginning of the year, this essential training has been supplemented by short talks which I have been allowed to give to children up to the age of 9-10 years.

“Although much thought has been given to the training of children of school age, only recently have the Royal Society for the Prevention of Accidents catered for the child age group from 3-5 years, and in this connection we have now embarked on a publicity campaign connected with the Society’s ‘Tufty Club’. It is too early yet to gauge the success of this scheme, but preliminary enquiries from parents and children are encouraging, and interest is also being shown by the teachers of Infants Schools, who should find the subject matter contained in the ‘Tufty’ book of infinite value in training the first year children.

“Cycle training for children in the age group 10-14 years continues to make good progress, and during the course of the year a total of 356 children were passed out in tests which the Police organised.

“The training in connection with these tests is still being carried out by voluntary instructors under the guidance of Mr. Platts, most of whom are recruited from the Midland Red Omnibus Company, but during the year the scheme was widened by the introduction of a different type of instruction.

“It has now been possible for a large number of children to be trained at Nunnery Wood Secondary Modern School by instructors recruited from amongst the teaching staff.

“In addition the Worcester Royal Grammar School are now following the example set by the Worcester Cathedral Kings School, and a training scheme has been commenced to fit senior boys and prefects for the task of training the younger age group.

“Upon the completion of the Instructors’ Training scheme it is proposed to train a total of 120 boys on the initial course.”

SCHOOL MEDICAL INSPECTION STATISTICS

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools)

in January, 1962 11,479

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1957 and later	43	43	100.00	—	—
1956	434	428	98.62	6	1.38
1955	428	415	96.96	13	3.34
1954	17	17	100.00	—	—
1953	13	13	100.00	—	—
1952	6	6	100.00	—	—
1951	10	10	100.00	—	—
1950	288	287	99.65	1	.35
1949	603	598	99.17	5	.83
1948	210	208	99.05	2	.95
1947	342	341	99.70	1	.30
1946 and earlier	892	889	99.66	3	.34
TOTAL ...	3,286	3,255	99.06	31	.94

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1957 and later	2	21	21
1956	17	103	113
1955	12	100	107
1954	1	4	4
1953	—	1	1
1952	—	—	—
1951	—	2	2
1950	34	63	86
1949	66	135	187
1948	21	60	74
1947	45	67	105
1946 and earlier	154	226	340
TOTAL ...	352	782	1040

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	2,145
Number of Re-inspections	...	...	435
			<hr/>
	Total ...		2,580

TABLE D.—INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	...	24,901
(ii)	Total number of individual pupils found to be infested ...		283
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)		183
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)		—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect or Disease					PERIODIC INSPECTIONS			
					Entrants	Leavers	Others	Total
Skin	...	...	...	*T	14	59	28	101
				*O	6	—	1	7
Eyes— <i>a.</i> Vision	...	...	...	T	35	196	121	352
				O	71	16	45	132
<i>b.</i> Squint	...	...	...	T	28	11	11	50
				O	5	—	4	9
<i>c.</i> Other	...	...	...	T	6	4	5	15
				O	5	—	—	5
Ears— <i>a.</i> Hearing	...	...	...	T	8	11	6	25
				O	111	20	22	153
<i>b.</i> Otitis Media	...	...	...	T	2	2	1	5
				O	72	1	17	90
<i>c.</i> Other	...	...	...	T	2	4	2	8
				O	5	2	—	7
Nose and Throat	...	...	...	T	10	7	4	21
				O	92	7	29	128
Speech	...	...	...	T	11	6	5	22
				O	8	—	3	11
Lymphatic Glands	...	...	...	T	2	1	4	7
				O	44	—	14	58
Heart	...	...	...	T	2	5	—	7
				O	9	5	6	20
Lungs	...	...	...	T	3	2	4	9
				O	24	3	5	32
Developmental— <i>a.</i> Hernia	...	...	...	T	1	—	2	3
				O	6	1	4	11
<i>b.</i> Other	...	...	...	T	1	4	3	8
				O	5	3	6	14
Orthopaedic— <i>a.</i> Posture	...	...	...	T	30	85	56	171
				O	—	2	1	3
<i>b.</i> Feet	...	...	...	T	115	63	82	260
				O	2	2	6	10
<i>c.</i> Other	...	...	...	T	35	41	35	111
				O	5	3	3	11
Nervous System— <i>a.</i> Epilepsy	...	...	...	T	5	1	2	8
				O	3	—	3	6
<i>b.</i> Other	...	...	...	T	—	2	7	9
				O	3	3	6	12
Psychological— <i>a.</i> Development	...	...	...	T	1	—	—	1
				O	9	3	7	19
<i>b.</i> Stability	...	...	...	T	—	—	5	5
				O	8	—	9	17
Abdomen	...	...	...	T	—	5	—	5
				O	6	4	7	17
Other	...	...	...	T	—	4	5	9
				O	10	10	21	41

*T Pupils requiring treatment

*O Pupils requiring observation

TABLE B.—SPECIAL INSPECTIONS.

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	173	5
Eyes— <i>a.</i> Vision ..	142	63
<i>b.</i> Squint ..	39	6
<i>c.</i> Other ..	18	3
Ears— <i>a.</i> Hearing ..	66	155
<i>b.</i> Otitis Media ..	7	76
<i>c.</i> Other ..	9	2
Nose and Throat ..	42	107
Speech	23	12
Lymphatic Glands ..	6	33
Heart	1	21
Lungs	6	25
Developmental—		
<i>a.</i> Hernia ..	3	3
<i>b.</i> Other ..	5	22
Orthopaedic—		
<i>a.</i> Posture ..	120	12
<i>b.</i> Feet ..	183	23
<i>c.</i> Other ..	75	16
Nervous System—		
<i>a.</i> Epilepsy ..	5	2
<i>b.</i> Other ..	8	9
Psychological—		
<i>a.</i> Development ..	16	18
<i>b.</i> Stability ..	4	21
Abdomen	7	10
Other	7	25

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.TABLE A.—EYE DISEASES, DEFECTIVE VISION AND
SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	49
Errors of refraction (including squint) ..	729
Total	778
Number of pupils for whom spectacles were prescribed	400

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ..	16
(b) for adenoids and chronic tonsillitis	92
(c) for other nose and throat conditions	2
Received other forms of treatment ..	29
Total	139
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961	9
(b) in previous year	20

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) pupils treated at clinics or out-patients departments	125
(b) pupils treated at school for postural defects	779
Total	904

TABLE D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated
Ringworm (a) Scalp	2
(b) Body	2
Scabies	9
Impetigo	14
Other Skin Diseases	187
Total	214

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	174

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists ..	222

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	145
(b) Pupils who received convalescent treatment under School Health Service arrangements	9
(c) Pupils who received B.C.G. vaccination	1060
(d) Other than (a), (b) and (c) above.	
(i) Audiometric examinations 5 year old sweep	990
(ii) Special examination at Audiometric centre	128
(iii) Chiropody Sessions	24
(iv) Ultra . violet light therapy clinic at Rose Hill Open Air School	63
Total ..	2419

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers :—						
	(a) At Periodic Inspections	...	...	...	...	1,349	
	(b) As Specials	...	...	...	...	741	2,090
(2)	Number found to require treatment	...	...	...	...		1,572
(3)	Number offered treatment	...	...	...	...		1,522
(4)	Number actually treated	...	...	...	...		1,478
(5)	Number of attendances made by pupils for treatment including those recorded at 11 (h)	...	...	...	...		3,525
(6)	Half-days devoted to :						
	(a) Periodic (School) Inspection	...	...	...	...	6	
	(b) Treatment	...	...	...	...	538	544
(7)	Fillings :						
	(a) Permanent Teeth	...	...	...	...	2,136	
	(b) Temporary Teeth	...	...	...	...	99	2,235
(8)	Number of Teeth filled :						
	(a) Permanent Teeth	...	...	...	...	2,039	
	(b) Temporary Teeth	...	...	...	...	92	2,131
(9)	Extractions :						
	(a) Permanent Teeth	...	...	...	...	567	
	(b) Temporary Teeth	...	...	...	...	1,195	1,762
(10)	Administration of general anaesthetics for extraction	...					638
(11)	Orthodontics :						
	(a) Cases commenced during the year	...	...	...	...		36
	(b) Cases brought forward from previous year	...	...	...	...		2
	(c) Cases completed during the year	...	...	...	...		14
	(d) Cases discontinued during the year	...	...	...	...		1
	(e) Pupils treated by means of appliances	...	...	...	...		7
	(f) Removable appliances fitted	...	...	...	...		7
	(g) Fixed appliances fitted	...	...	...	...		—
	(h) Total attendances	...	...	...	...		112
(12)	Number of pupils supplied with artificial teeth	...	...				18
(13)	Other operations :						
	(a) Permanent Teeth	...	...	...	...	278	
	(b) Temporary Teeth	...	...	...	...	134	412

HANDICAPPED CHILDREN'S TABLE

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5)
OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the calendar year ended 31st December, 1961	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Physically Handi- capped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Handicapped Pupils newly assessed as needing special educational treatment at special schools or in boarding homes	—	—	—	1	5	14	8	20	—	1	49
B. (i) Number of children included in A who were newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	—	5	14	2	4	—	—	25
(ii) Number of children assessed prior to to 1st January, 1961, who were newly placed in special schools (other than hospital special schools) or boarding homes	—	1	—	—	—	1	.1	5	—	—	8
Total B (i) and B (ii) ...	—	1	—	—	5	15	3	9	—	—	33

On or about 20th January, 1962, number of handicapped pupils from the Authority's area :	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. (i) were requiring places in special schools—											
(a) day	—	—	—	—	—	—	—	30	—	—	30
(b) boarding	—	1	—	1	—	—	6	9	—	1	18
(ii) included at (i) had not reached the age of 5 and were awaiting—											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting—											
(a) day places	—	—	—	—	—	—	—	2	—	—	2
(b) boarding places	—	—	—	—	—	1	—	—	—	—	1
D. (i) were on the registers of											
(1) maintained special schools as—											
(a) day pupils	—	1	—	—	13	35	3	12	—	—	64
(b) boarding pupils	—	4	—	1	2	—	1	13	—	—	21
(2) non-maintained special schools as—											
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	3	1	5	2	3	—	1	5	2	1	23
Total	3	6	5	3	18	35	5	30	2	1	108

On or about 20th January, 1962, number of handicapped pupils from the Authority's area :	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially deaf		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (ii) were on the registers of independent schools under arrangements made by the Authority	—	—	1	—	1	2	—	1	—	—	5
Total D (i) and D (ii) ...	3	6	6	3	19	37	5	31	2	1	113
(iii) were boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	—	—	—	—	—	—
Total D (i), (ii) and (iii) ...	3	6	6	3	19	37	5	31	2	1	113
E. On or about 20th January, 1962, number of handicapped pupils (irrespective of the areas to which they belong) who were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944—											
(i) in hospitals	—	—	—	—	2	—	—	—	—	—	2
(ii) in other groups (e.g. units for spastics, convalescent homes) ...	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	—	—	—	—	—	—

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944, during the calendar year ended 31st December, 1961 2

Number of decisions cancelled under Section 57a (2) of the Education Act, 1944, during the calendar year ended 31st December, 1961 ... Nil

